



APPLICATION TO THE COMMISSIONER OF FINANCE OF THE CITY OF NEW YORK FOR CERTIFICATE OF DEPOSIT

Mail to: NYC Department of Finance, Treasury Division, Client Services, 1 Centre Street, Room 2200, New York, NY 10007

Instructions: Please complete, notarize and mail this application to the address above. See General Instructions on page 4.

Certificate Date: ___/___/___ Certificate Number: _____ Account Number: _____ Amount: \$ _____

DO NOT WRITE ABOVE THIS LINE

SECTION A. COURT AND CASE INFORMATION

- List name of court and county _____ COURT _____ COUNTY _____
- Index no.: _____ Year: _____
- Name of Case: _____ VS. _____
- Nature of fund: _____
- Please take notice that we are the claimant and his attorney retained to petition the Court for an order directing the Commissioner of Finance or the Department of Finance to pay the above fund, wholly or in part.
- Such fund was deposited by the order of the _____ Court, County _____
dated the _____ day of _____ Year _____, or by the _____ Court,
County _____ under Certificate number _____ dated the _____ day of _____, Year _____.

SECTION B. CLAIMANT INFORMATION

- List claimant's name: _____ FIRST NAME _____ LAST NAME _____
- Indicate claimant's country of citizenship: _____
- Indicate claimant's employer and business address: _____ NAME OF EMPLOYER _____
_____ NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____
- Names and addresses of payees other than claimant are (list all that apply):
 - _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 - _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 - _____ NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
- Claimant was incorporated in the State of _____, County of _____
Was corporation dissolved? YES NO If "YES" give date: _____/_____/_____
Actively engaged in business? YES NO

6. Indicate the name of the attorney of record in the action or proceeding in which the deposit was made is:

_____ FIRST NAME _____ LAST NAME _____

7. Has the fund been assigned, pledged or encumbered? YES NO

8. If the fund claimed by, or through a person who has been in bankruptcy or in any insolvency proceedings, deceased, or a citizen or subject of a foreign country? YES NO

9. Indicate how claimant or attorney learned about the funds: _____

10. What is your relationship to the claim? (choose one) Tenant Landlord Attorney Relative Creditor
 Other. Please list: _____

11. a) If fund was deposited for benefit of an infant, indicate age: _____ YEARS OLD and date of birth: _____ MONTH / _____ DAY / _____ YEAR

b) Entire fund IS IS NOT to be withdrawn.

c) Dates and amounts of prior withdrawals:

1. _____ / _____ / _____ DATE AMOUNT 2. _____ / _____ / _____ DATE AMOUNT

3. _____ / _____ / _____ DATE AMOUNT 4. _____ / _____ / _____ DATE AMOUNT

SIGNATURE OF CLAIMANT	SIGNATURE OF INFANT (IF OVER 14 YEARS)	FIRM NAME (PLEASE PRINT)
TITLE	SIGNATURE OF ATTORNEY	OFFICE ADDRESS
RESIDENCE ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
CITY, STATE, ZIP CODE		

INDIVIDUAL CLAIMANT CERTIFICATION

ALL SIGNATURES MUST BE ACKNOWLEDGED BEFORE PRESENTATION

STATE OF _____ }
 COUNTY OF _____ } ss.

On this _____ day of _____, 20_____, before me, the undersigned personally appeared _____, and _____

and _____, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name (s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 SIGNATURE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

 OFFICE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

CLAIMANT IDENTIFIED BY: _____

NOTE: the bank will not pay checks issued pursuant to court order in this matter, unless endorsed by the payee in person. Endorsements by another, even under power of attorney, will not be accepted unless the Court in the order directing payment approves the power of attorney. Therefore, if the payee is not available to endorse the check, have the order provide for payment to a named attorney-in-fact.

See page 4 for instructions, corporate acknowledgement and provision for signatures of other claimants.

_____ SIGNATURE OF CLAIMANT	_____ SIGNATURE OF CLAIMANT	_____ SIGNATURE OF CLAIMANT
_____ TITLE	_____ TITLE	_____ TITLE
_____ RESIDENCE ADDRESS	_____ RESIDENCE ADDRESS	_____ RESIDENCE ADDRESS
_____ CITY, STATE, ZIP CODE	_____ CITY, STATE, ZIP CODE	_____ CITY, STATE, ZIP CODE

CORPORATE CERTIFICATION

ALL SIGNATURES MUST BE ACKNOWLEDGED BEFORE PRESENTATION

STATE OF _____ }
COUNTY OF _____ } ss.

On this _____ day of _____, 20_____, before me, the undersigned personally appeared _____, and _____

and _____, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name (s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

SIGNATURE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

OFFICE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

NOTE: Corporate seal must be affixed

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Approved by: _____

Date: _____/_____/_____

GENERAL INSTRUCTIONS

1. Original copy of this Application for Certificate of Deposit are to be filed in Room 2200, Municipal Building, New York, NY 10007. ALL PROSPECTIVE PAYEES MUST SIGN AS CLAIMANTS. (See NOTE below regarding appearance of New York City residents).
2. A disinterested notary must take acknowledgements of all signatures, including attorney's signature. Certificate of notarial authenticity is required on all acknowledgements executed outside of the State of New York.
3. Letters of Administration, Letter of Testamentary, and Transfer Tax Waivers are to be filed with the application where title to the fund is in or through a deceased person.
4. When application for Certificate of Deposit is made by an attorney-in-fact or assignee, a copy of the power of attorney or assignment must be attached to this application.
5. On approval of application, the Certificate of Deposit will be issued at Room 2200, Municipal Building, New York, NY 10007 upon payment of the fee of \$1.00. (Section 8010, C.P.L.R.)
6. Copy of application must remain attached to the Certificate and BOTH must be annexed to the motion filed in Court.
7. One copy of order, certified by the clerk of the court, "which directs the Department of Finance or the Commissioner of Finance to pay to the specified person(s) the specified amount(s) plus accrued interest, if any, less lawful fees", must be delivered to Treasury Division / Client Services at Room 2200 WITH one copy of the petition, affidavit and/or stipulation, **pursuant to Rule 2607, Civil Practice Law & Rules.**

**NOTICE TO ATTORNEYS:
IF YOU DESIRE CHECK MAILED TO YOU,
PLEASE HAVE SUCH DIRECTIVE INCORPORATED IN COURT ORDER**

NOTE

Where a claimant is an individual or a partner (not a corporation), and a resident of the City of New York, appearance for purpose of personal identification is required before issuance of Certificate of Deposit by the Department of Finance's Client Services Unit. You must bring two forms of ID, one of which should be photo-ID. Some acceptable forms of identification are a valid NYS or out-of-state drivers license or non-driver ID, US passport, ATM bank/credit card, voter's registration card, employment ID, a NYC library card, or utility bill. Birth certificates and Social Security cards are not acceptable.